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IMPORTANT NOTICE
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TO: U.S. Patent and Trademark Office
Examiner: Michael J. Stahl
Art Unit: 2874

DATE: October 3, 2003

FROM: Lawrence J. McClure

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 10

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MESSAGE:

RE: U.S. Patent Application Serial No.:09/821,539; Our Ref. 81880.0096

I hereby certify that the following documents:

- Amendment /Amendment Transmittal Letter

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are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

October 3, 2003


Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9318 Art Unit 2874

CLIENT NUMBER: 81880.0096

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: (703) 305-1520 (please return fax to Diane Zynn)

FORM PTO-1083

Attorney Docket No. 81880.0096
Patent Application No. 09/821,539

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Tsuyoshi TANAKA et al.

Serial No: 09/821,539

Filed: March 28, 2001

For: OPTICAL DEVICE MODULE

Mail Stop Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Art Unit: 2874

Examiner: Michael J. Stahl

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Transmitted herewith is an amendment in the above-identified application.

- ☐ Certificate of Express Mail, Label No. EL715816810US is enclosed.
- ☐ Submission of Proposed Drawing Amendment For Approval by Examiner with red-lined Figures 2 and 5-7 are enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | | (Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Col. 3) PRESENT EXTRA* | LG/SM \$ ENTITY FEE | ADD'L FEE DUE |
|---|---|---|---|-------------------------------|--|------------------|
| TOTAL CLAIMS FEE | 13 | - | 20 ** | 0 | LG=\$18 SM=\$9 | \$ 0 |
| INDEPENDENT CLAIMS FEE | 3 | - | 3 *** | 0 | LG=\$84 SM=\$42 | \$ 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140 | \$ 0 |
| Independent Claims: 1, 2 and 3 | | | | | TOTAL | \$ 0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the fee of \$__ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
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- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: October 3, 2003

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